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April 16, 2003

WRITER'S DIRECT NUMBER: (202) 772-8544 **INTERNET ADDRESS:** MCIMBALA@SKGF.COM

Art Unit 1636

Commissioner for Patents Washington, D.C. 20231

Re:

U.S. Utility Patent Application

Appl. No. 09/903,508; Filed: July 13, 2001

For: Transformation Systems for Flavinogenic Yeast

Inventors:

Abbas et al.

Our Ref:

1533.0830003/MAC/RGM

Sir:

Transmitted herewith for appropriate action are the following documents:

- 1. Fee Transmittal (PTO/SB/17);
- Petition For Extension of Time Under 37 § 1.136(a)(1); 2.
- Reply to Restriction Requirement; 3.
- 4. Credit Card Payment Form (PTO-2038); and
- Return Postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Michele A. Cimbala

Michel A. Cember

Attorney for Applicants

Registration No. 33,851

MAC/RGM:krm **Enclosures** 

SKGF\_DC1:103290.1

PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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## FEE TRANSMITTAL for FY 2003 TOFFI 2000 CPatent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Complete if Kn wn								
Application Number	09/903,508	rīi						
Filing Date	July 13, 2001	모						
First Named Inventor	Charles Abbas	C						
Examiner Name	Lambertson, D.	2 ~ (						
Group Art Unit	1636	H 1						
Attorney Docket No.	1533.0830003/MA	AC/RGMPD						

Check     Credit card       Money Order       Money Order     Money Order     Money Order     Money Order       Money Order	TOTAL AMOUNT OF PAYMENT (\$)930.00		Attorne	y Dock	et No.	1533.083000	03/MAC/R	GM		_
Check	METHOD OF PAYMENT (check all that apply)				FE	E CALCULATION (co	ontinued)	8	8	4
Deposit Account Number	□ Deposit Account		3. ADDITIONAL FEES							
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Deposit Account Number   19-0036   Periodic Account Number   19-						Fee Description	n			١
Second   S			( <del>\$</del> )	Code	(₽)				Fee Paid	_
Commissioner is authorized to: (check all that apply)   Schedule   Schedule	Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.		130	2051	65	Surcharge - late filing fee	e or oath			╢
Charge any additional fee(s) during the pendency of this application   1912   2,520   2,520   1912   2,520   2,	The Commissioner is authorized to: (check all that apply)		50	2052	25		nal filing fee o	rcover		Ш
Charge any additional fee(s) during the pendency of this application   1912   2,520   2,520   1912   2,520   2,	•		130	1053	130	Non-English specificatio	n			11
Change face() indicated below, except for the filling fee to the above- interficial deposits account.   1804   920*   1904   920*   8equesting publication of SIR prior to Examiner   1805   1,840*   1805   1,840*   Requesting publication of SIR prior to Examiner   1805   1,840*   1805   1,840*   Requesting publication of SIR prior to Examiner   1805   1,840*   1805   1,840*   Requesting publication of SIR prior to Examiner   1805   1,840*   1805   1,840*   Requesting publication of SIR prior to Examiner   1805   1,840*   1,840*   1,84			2,520	1812	2,520	For filing a request for e.	mination		11	
Search   S	Charge fee(s) indicated below, except for the filing fee to the above-	1804	920*	1804	920*		of SIR prior to	Examiner		1
1251   110   2251   55	dentified deposit account.		1,840*	1805	1,840*	Requesting publication of	of SIR after E	xaminer		1
Section   Sect	, 2 and 3 below to Deposit Account No. 19-0036.	1251	110	2251	55	Extension for reply within	n first month			1
1. BASIC FILING FEE		1252	410	2252	205	Extension for reply withi	nth.		1	
ABSIC FILING FEE   1,450   254   1,450   255   725   Extension for reply within fourth month   1,250   1,450   255   1,970   225   585   Extension for reply within filth month   1,250   1,	FFF CALCULATION	1253	930	2253	465	Extension for reply withi	n third month		\$930.00	11
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Fee   Fee		1255	1,970	2255	985	Extension for reply withi	in fifth month			11
1402   320   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2001   375   2002   165   2003   260   260   2		1401	320	2401	160	Notice of Appeal				1
1403   280   2403   140   Request for oral hearing	Code (\$) Code (\$)	1402	320	2402	160	Filing a brief in support	of an appeal	•		ᅦ
1003   520   2003   260   Plant filing fee   1451   1,510   1451   1,510   Petition to institute a public use proceeding   1452   110   2452   55   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unintentional   1451   1,300   2453   650   Petition to revive - unintentional   1,300   2453   2501		1403	280	2403	140	Request for oral hearing	g			1
1004   750   2004   375   Reissue fling fee   1452   110   2452   55   Petition to revive - unavoidable   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   2453   650   Petition to revive - unintentional   1453   1,300   1,3		1451	1.510	1451	1,510	Petition to institute a pul	blic use proce	eding		┧
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SUBTOTAL (1) (\$)	1105 160 2005 80 Provisional filing fee	1		Į.						╢
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   Fee from   Extra   below   Fee Paid   1503   630   2503   315   Plant issue fee			-							┨┠
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Total Claims	Fee from					•				4
Multiple Dependent		1503	630	2503	315	Plant issue fee				╝
Multiple Dependent		1460	130	1460	130	Petitions to the Commissioner				╢
Submission of Information Disclosure Stmt   Small Entity   Fee			50	1807	50	Processing fee under 3	7 CFR 1.17(q	)		ᅦ
Second   Fee   F	Multiple Dependent	1806	180	1806	180	Submission of Informati		╣		
1202   18   2202   9   Claims in excess of 20   1809   750   2809   375   Filing a submission after final rejection (37 CFR   1.129(a))   1.129(a)   1.1	Fee Fee Fee Fee Fee Description		40	8021	40	Recording each patent		ᅦ		
1201   84   2201   42   Independent claims in excess of 3   1203   280   2203   140   Multiple dependent claims, if not paid   1810   750   2810   375   For each additional invention to be examined (37 CFR 1.129(b))   1801   750   2801   375   Request for Continued Examination (RCE)   1801   750   2801   375   Request for Continued Examination (RCE)   1802   900		1809	750	2809	375					╢
1204 84 2204 42 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$)  **Or number previously paid, if greater; For Reissue, see above  SUBMITTED BY  Name (Print/Type)  Michele A. Cimbala  Registration No. (Attorney/Agent)  Reduced by Basic Filing Fee Paid  (37 CFR 1.129(b))  1801 750 2801 375 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$)930.00  Complete (if applicable)  Signature  Michele A. Cimbala  Registration No. (Attorney/Agent)  Date 4:16:03		Ι.				1.129(a))				-
over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$)  **or number previously paid, if greater; For Reissue, see above  SUBMITTED BY  Name (Print/Type)  Michele A. Cimbala  Negistration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Signature  Name (Print/Type)	1 1	1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))				
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)		1801	750	2801	375	Request for Continued Examination (RCE)				
and over original patent SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissue, see above  **Or Number previously paid, if greater; For Reissue, see above  **Complete (if applicable)  **Name (Print/Type)  Michele A. Cimbala  **Registration No. (Altomey/Agent)  **Signature  **Other fee (specify) **Reduced by Basic Filing Fee Paid  **SUBTOTAL (3) (\$)930.00  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Reduced by Basic Filing Fee Paid  **Outher fee (specify) **Duble (if applicable)  **Duble (if applicable)  **Date 4 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *		1802	900	1802	900	Request for expedited	examination c	f a design	-	┨
**or number previously paid, if greater; For Reissue, see above  *Reduced by Basic Filing Fee Paid  *Reduced by Basic Filing Fee Paid  *SUBTOTAL (3) (\$)930.00  *Complete (if applicable)  Name (Print/Type)  Michele A. Cimbala  *Registration No. (Altomey/Agent)  Signature  *Date 4.16.03	1200									긔
SUBMITTED BY  Name (Print/Type)  Michele A. Cimbala  Registration No. (Attorney/Agent)  Signature  Complete (if applicable)  Telephone 202-371-2600  Date 4.16.03	SUBTOTAL (2) (\$)	Other	tee (spe	ecity) _						
Name (Print/Type)  Michele A. Cimbala  Registration No. (Attorney/Agent)  33,851  Telephone 202-371-2600  Signature  Date 4,16.03	**or number previously paid, if greater; For Reissue, see above	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)930.00								
Signature Michel A. Cimbel Date 4.16.03	SUBMITTED BY						Complete (i	f applicable	∍)	
Villatte 11. Copies	Name (Print/Type) Michele A. Cimbala		Registration No. (Attorney/Agent) 33,851 Telephone			202-37	1-2600			
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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.